

EXHIBIT A

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UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 21

POMONA VALLEY HOSPITAL MEDICAL
CENTER

Employer

and

Case 21-RC-166499

SERVICE EMPLOYEES INTERNATIONAL
UNION, UNITED HEALTHCARE WORKERS-
WEST

Petitioner

**SUPPLEMENTAL DECISION AND DIRECTION
TO SUSTAIN CERTAIN CHALLENGED BALLOTS
AND
TO COUNT THE REMAINING CHALLENGED BALLOTS**

Pursuant to a Decision and Direction of Election, an election was conducted on January 21 and 22, 2016, among certain employees of the Employer. Because the parties disagreed about whether certain individuals were eligible voters, they voted utilizing the Board's challenged-ballot procedure. The tally of ballots showed that of the approximately 1065 eligible voters in the voting unit agreed upon by the parties, 531 cast ballots for the Petitioner, and 458 cast ballots against union representation. There were also 218 challenged ballots, a sufficient number to affect the outcome of the election. No objections were filed.

A hearing was directed on the challenged ballots. On June 9, 2016, the Hearing Officer issued a report in which he recommended that the challenges to most of the ballots be sustained, that the ballots of 65 individuals be opened and counted,¹ and that a revised tally of ballots issue. The Employer filed exceptions and a supporting brief. Although the Petitioner did not file exceptions, the Petitioner submitted a letter identifying certain typographical errors in the report. The Employer filed an answering brief in response to the Petitioner's letter.

The Hearing Officer's rulings made at the hearing are free from prejudicial error and are hereby affirmed. I have considered the evidence and the arguments presented by the parties and, for the reasons discussed below, I affirm the Hearing Officer's decision to sustain most of the

¹ Although the Hearing Officer concluded that the challenges to the ballots of Customer Relations Liaisons Antonia Cisneros (143), Ivsel Nunez (144), and Jodi Preovich (145) should be overruled, he included their names in the list of employees whose ballots should not be counted. I have moved their names to the list of employees whose ballots should be opened and counted, and deleted them from the list of sustained challenges. The rest of this Decision refers to those numbers as corrected.

challenged ballots. However, I disagree with the Hearing Officer's decision to sustain the challenges to the ballots of the following 17 employees: Coordinator Volunteers Lindsey K. Medina (34)²; Specialists HIM Data Integrity Cleo M. Bretado, Heidy A. Martinez, and Adrienne B. Wilson, (61-63); Administrative Assistant NICU Kimberly L. Erving (101); Coordinator ICU Rosa Delgado (127); Intermediate Billing Representatives Veronica Garcia and Lisa J. Horvath (141-142); Office Coordinator LDRP Desiree M. Lingenfelter-Chacon (151); Hospitality Desk and Parking Ambassadors Maria I. Jimenez, Hortensia Machorro, Tatiana K. Navarro, Angelica Perez, Rosemary N. Rojo, and Virginia M. Wilkerson (152-157); Application Specialist Pharmacy Randy R. Walke (181); and Application Specialist Perioperative Services Theresa G. Bangunan (182). Those 17 ballots, together with the 65 challenges the Hearing Officer overruled, are sufficient in number to affect the outcome of the election. Accordingly, I order that the following ballots be opened and counted and that a revised tally of ballots be issued:

Jeremiah Trujillo (3), Kathleen M. Ruiz (8), Randy Cortinas (19), Daniel Tsuji (20), Damion Williams (21), Myong S. Jacobs (22), Michael H. Nicholson (23), Lindsey K. Medina (34), Francisco Acosta (36), Candice S. Castellanos (37), Mercedes Martin (38), Maribel Prado (39), Martha E. Rangel (40), Charles S. Valdepena (41), Lisa S. Richardson (42), Jenny L. Smith (43), Julie Barrera (44), Simone L. Dazalla (45), Viviana M. Flores (46), Pamela Lee-Porter (47), Donna S. Romero (48), Olivia Trebino (49), Kimberly Wallace (50), Suzanne L. Avina (51), Alma Goldberg (52), Laura E. Gonzalez (53), Lavetete I. Taylor (54), Donna L. Phillips (60), Cleo M. Bretado (61), Heidy A. Martinez (62), Adrienne B. Wilson (63), Rosaura Rodriguez (64), Jeanie M. Hopf (94), Angelica Quinones (95), Margaret Boyle (96), Katarina L. Brown (97), Adrian Belmontez (98), Elizabeth Delatorre (100), Kimberly L. Erving (101), Rita M. Gomez (102), Sandra Ibarra (103), Irma Moreno (104), Vera M. Navarro (105), Tina L. Sharp (106), Korina H. Vasquez (107), Hendrietta Wing (108), Linda L. Vaughn (110), Monica Medina (111), Stephanie Ramirez (112), Katrina Stock (113), Jacquelyn K. Martin (114), Irene C. Cortez (115), Lisa M. Vigoa (117), Brenda Taylor (119), Edith M. Basulto (120), Kahlen Limjoco (121), Valerie Romero (123), David K. Voltz (124), Peggy L. Mata (125), Valerie N. Verdugo (126), Rosa Delgado (127), James R. Morales (134), Irma A. Arellano (135), Alison M. Ficke (156), Patricia Moran (137), Betty Jean Munoz (139), Stephanie Curiel (140), Veronica Garcia (141), Lisa J. Horvath (142), Antonia Cisneros (143), Ivsel Nunez (144), Jodi Previch (145), Desiree M. Lingenfelter-Chacon (151), Maria I. Jimenez (152), Hortensia Machorro (153), Tatiana K. Navarro (154), Angelica Perez (155), Rosemary N. Rojo (156), Virginia M. Wilkerson (157), Randy R. Walker (181), Theresa G. Bangunan (182), and Janice A. Barnes (218).

THE EMPLOYER'S EXCEPTIONS

The Employer filed exceptions to all of the Hearing Officer's recommendations sustaining ballot challenges. The ballots of 218 individuals, approximately 20 percent of the potentially eligible voters, were challenged. After conducting a hearing on February 12, 16, 17, and 18, 2016, the Hearing Officer recommended that 153 of the 218 challenged ballots be

² This number refers to the number assigned to the challenge by the Hearing Officer in his Report.

sustained, but that 65 be opened and counted. With one exception, the 153 challenged ballots that the Hearing Officer recommended not be counted are ballots of individuals that the Hearing Officer concluded were business office clericals (BOCs). The Employer filed exceptions, arguing that all 153 individuals are hospital clericals and, therefore, should be included in a unit of service/nonprofessional and technical employees.

BUSINESS OFFICE CLERICALS vs. HOSPITAL CLERICALS

Although hospitals employ many individuals whose jobs are primarily clerical, "rooted in community of interest considerations, including the performance of different functions for different purposes in separate work areas under separate supervision," over 40 years ago, in *Mercy Hospitals of Sacramento, Inc.*, 217 NLRB 765, 770 (1975), the Board decided that "in the health care field, as in the industrial sphere," all clerical employees should not be included in the same unit. Rather, the Board held:

We shall continue to recognize a distinction between business office clerical employees, who perform mainly business-type functions, and other types of clerical employees whose work is more closely related to the function performed by personnel in the service and maintenance unit and who have, in the past, been traditionally excluded by the Board from bargaining units of business office clerical employees. Thus, the Board has consistently recognized that the interests of business office clerical employees differ markedly from the interest of clerical employees who work in the production areas and has declined to establish bargaining units composed of the two groups.

Thus, in *St. Luke's Episcopal Hospital*, 222 NLRB 674, 676 (1976) the Board established the following guidelines in hospital cases for determining whether clericals are BOCs:

Business office clericals are those clerical employees who, because they perform business office functions, have minimal contact with unit employees or patients, work in geographic areas of the hospital, or perform functions, separate and apart from service and maintenance employees, and thus do not share a community of interest with the service and maintenance unit employees.

BOCs generally work in the administration, planning and development, public relations, personnel, accounting, management engineering, internal audit, pastoral care and education, communications, medical education, community affairs, credit union and purchasing departments. BOCs also work in a hospital's "admitting, data processing, payroll, and business office departments." *Trumbull Memorial Hospital*, 218 NLRB 796 (1975).

The clerical work of BOCs is generally limited to finance, billing, and insurance, and is not directly involved in patient care or with physical or environmental health. *Lifeline Mobile Medics, Inc.*, 308 NLRB 1068 (1992). In this regard, BOCs work in data entry and data processing even though the data they handle originates throughout the hospital. *Rhode Island Hospital*, 313 NLRB 343, 361 (1993). Receptionists and admitting clerks are also generally

included in a BOC unit. *St. Elizabeth's Hospital of Boston*, 220 NLRB 325 (1975). BOCs deal with Medicare, Medicaid, and other reimbursement systems. *Lincoln Park Nursing Home*, 318 NLRB 1160, 1164 (1995). Telephone operators are also considered BOCs because they function as an adjunct to the admissions and information functions. *Baptist Memorial Hospital*, 225 NLRB 1165 (1976).

By contrast hospital clericals work throughout the hospital, alongside, and with similar objectives, as patient-care employees. *St. Francis Hospital*, 219 NLRB 963, 964 (1975). They generally have continual contact with patients and other service and maintenance employees, are physically separated from business office employees, work primarily with patients and patients' records rather than the materials with which BOCs work, and are not supervised by the people who supervise BOCs. *William W. Backus Hospital*, 220 NLRB 414, 415 (1975).

Employees may be considered hospital clericals even if their work is not directly involved in patient care. Clerical employees whose work is not directly connected and related to patient care, but who come in frequent contact with unit employees in the nonprofessional unit, and do not perform tasks related to the business offices, are viewed as sharing a sufficient community of interest with nonprofessional employees to be considered hospital clericals, and are included in their unit. *Baptist Memorial Hospital*, supra at 1167-1168; *St. Luke's Episcopal Hospital*, 222 NLRB 674, 677 (1976). Similarly, medical-records employees are sometimes considered hospital clericals, not BOCs, because they work largely with patients' medical records, are located in areas near other nonprofessional unit employees, have frequent contact with employees who deal directly with patients, and little contact with admitted BOCs. *Rhode Island Hospital*, supra at 362-363. However, when medical-records employees are geographically isolated, they are classified as BOCs. *St. Luke's Episcopal Hospital*, supra at 677.

THE POMONA BOCs

1. Building Construction and Administration Clericals

The Employer argues that employees involved with building construction and administration, namely Project Coordinator Douglas R. Rose (5); Assistant Financial Planning Office, Charisse Marbury (6); Coordinator, Project Finance, Master Planning Vinh N. Thai (7); Administrative Assistant, Master Planning Candice Whitney (99); Assistant Foundation Haidi Carrillo (116); and Database and Prospect Research Specialist, Foundation Susan McGrath (165), are hospital clericals and should be included in the unit. Consistent with the foregoing principles, the Hearing Officer held that they are BOCs because employees who are involved in planning and development, and whose work is unrelated to patient care, are generally considered BOCs. I agree. The Board classifies clerical employees who work in planning and development as BOCs. See, e.g., *St. Luke's Hospital*, supra at 676. The Employer contends that their interaction with unit employees makes them hospital clericals. That they spend some of their time in the main hospital interacting with unit employees does not require a different result, and the record does not establish that these employees had the requisite frequent interaction with unit employees. Moreover, the work that they perform is more of a business-office type, unrelated to patient care.

2. PBX Operators and Receptionists

The Employer argues that the PBX Operators/Receptionists Patricia S. Escobar (9), Rosa E. Gutierrez Velazquez (10), Pamala Loomis (11), Evelyn M. Lua (12), Cheryl A. McDonald (13), Christina B. Mullins (14), Jessica Padilla (15), Cristina Robles (16), Natalie Torres (17), and Sonia Trejo (18); and Telecommunications Tech William L. Mittelstaedt (217), are also hospital clericals. Consistent with the foregoing principles, the Hearing Officer held that they are BOCs. I agree. The Board has consistently held that PBX operators and the like are BOCs. See, e.g., *Baptist Memorial Hospital*, supra at 1168. Relying on *Lincoln Park Nursing Home*, 318 NLRB 1160 (1995), the Employer argues that they are hospital clericals because of their daily interaction with unit employees. I note that the *Lincoln Park* case does not involve an acute-care hospital, and somewhat different considerations apply. Moreover, in that case the Board concluded that receptionists should be included in a service and maintenance unit because: their duties were functionally unrelated to BOC work; they worked near the main lobbies; and they were not physically isolated in BOC offices. Here, by contrast, regardless of their contact with unit employees, the PBX Operators/Receptionists and the Telecommunications Tech perform what the Board considers to be BOC work.

3. Employee Benefits' Clericals

The Employer argues that clerical employees who work with employee benefits, including Benefit Specialists Fauzia T. Rahman (24), and Alejandra Romero (25); Worker's Compensation Claims Specialist Vicki L. Reinert (26); Employee Specialists Carla S. Julkes (27) and Lee D. Prescott (28); Compensation Specialist Deyri Aburto (29); Compensation Analyst Aileen W. Yeung (30); Payroll Specialists Ashley D. Batcheller (31), and Stephanie Myers (32); Senior Payroll Specialist Cynthia C. Fortugno (33); and Education Coordinator Sharon L. Kaitz (35), were incorrectly classified as BOCs. Consistent with the foregoing principles, the Hearing Officer held that they are BOCs. I agree. The Board has traditionally held that clerical employees whose work involves personnel and human-resources work for hospital employees are BOCs. See, e.g., *St. Luke's Episcopal Hospital*, supra at 676. The Employer argues that the employee-benefits employees are not BOCs essentially because they interact with unit employees. While it is undisputed that they do interact with unit employees, the Board generally excludes employees who perform personnel work from a nonprofessional unit because of the work that they perform.

4. Medical Records Clericals

The Employer argues that the clerical employees who work with medical records, Medical Records Technicians Leonard W. King (55), Donna E. Munoz (56), Norma Odell (57), Laura M. Salas (58), and Maricela Torres (59)³; and Specialists HIM Data Integrity Cleo M.

³The Employer did not initially file an exception to the Hearing Officer's decision to sustain the challenges to the ballots of the Medical Records Technicians because the Hearing Officer concluded his discussion of the challenges to their ballots by stating that they should be included in the unit. However, in the analysis portion of his report, the

Bretado (61), Heidy A. Martinez (62), and Adrienne B. Wilson (63), were incorrectly classified as BOCs. Consistent with the foregoing principles, the Hearing Officer concluded that they are BOCs. I agree. Functioning as a contact point between medical records and billing, the medical-records employees' job is to correct patient records, review insurance payments and recommend bill corrections. The Employer argues that the Technicians should be reclassified as hospital clericals because their work has nothing to do with billing and is much like the work performed by medical records employees the Hearing Officer included in the unit. While the Employer is correct that their work does not involve billing, they mostly work from home and have virtually no contact with unit employees. In these circumstances, the Board generally excludes medical records employees. *St. Luke's Episcopal Hospital*, supra at 677. The Employer also argues that the Specialists should be reclassified as hospital clericals because they interact with unit employees, including nursing staff. While the record contains evidence that they do interact with unit employees, the record does not establish how much, and the interaction must be frequent to justify their reclassification as hospital clericals.

5. Coders

The Employer argues that the following clerical employees who work with coding in patient billing were incorrectly classified as BOCs: Clinical Coding Specialists I Robin Beardsley (65), Michele Daniels (66), Reynaldo C. Delacruz (67), Anna Dizon (68), Kisha A. Vital (69), Lourdes M. Wright (70), and Esther C. Yee (71); Clinical Coding Specialists II Ghasan Abusad (72), Juanita S. Baldwin (73), Kathryn L. Bryan (74), Irene T. Diep (75), Catherine Y. Dunbar (76), Billy Encinas (77), Robin K. Francis-Jackson, (78), Arnold Jesus T. Hilvano (79), Samone N. Hogg (80), Cynthia M. Juarez (81), Phuongtrang Nguyen (82), Natalia D. Olazo (83), Lexie X. Phan (84), Elaine L. Soller (85), and Priscilla B. Torralba (86); Coding Assistants Victoria Lepe (87), Alice R. Lopez (88), Deepti Madahar (89), and Paula M. Sather (90); Coding Technicians, Non-Certified Titilayo A. Ishola (91), and Joan S. Scott (92); HIM Inpatient Coding Lead Saima Ali (93); Charge Revenue Representatives Matthew G. Freetage (146), Laura N. Huezo (147), Sarah L. Laporte (148), and Nadia Rivas (149); and System Coordinator, Laboratory Dustie J. Flores (150).

Consistent with the foregoing principles, the Hearing Officer concluded that they are BOCs. I agree. The Employer argues that the Hearing Officer erred because Coders, Charge Revenue Representatives, and System Coordinator, Laboratory, all review and evaluate medical records, and their work does not involve financial documents or billing. On the contrary, the work performed by Coders, Charge Revenue Representatives, and System Coordinator, Laboratory, directly impacts billing, a BOC function, and coders do not work alongside unit employees the majority of the time. While they occasionally work in the hospital for training and other duties, they mostly work from home. The Employer also argues that Charge Revenue Representatives were misclassified as BOCs because they work in the Emergency Room and interact with unit employees. However, as the Hearing Officer noted, their work primarily

Hearing Officer explained that Medical Records Technicians are BOCs. See pages 35 and 36 of his report. In view of this confusion, the Employer's exception to the Hearing Officer's decision on challenges to the ballots of the Medical Records Technician is being considered as timely even though it was not filed with the original Exceptions.

involves billing, a BOC function, they are currently not located in the Emergency Room, and it is unclear where they will be permanently located. The Employer further argues that the System Coordinator, Laboratory, is not a BOC job because she works in the laboratory surrounded by unit employees. Although the Systems Coordinator, Laboratory, does work in the laboratory, most of her work involves billing and personnel, typically BOC functions.

6. Security Assistant

The Employer argues that Security Assistant Nerica Munoz (122), was misclassified as a BOC. Consistent with the foregoing principles, the Hearing Officer held that she is a BOC because she coordinates administrative operations in the security department, which is not located in the main hospital, and her duties are unrelated to patient care. I agree. The Board generally views security personnel as not sharing a sufficient community of interest to be included in a unit of nonprofessionals. See *Rhode Island Hospital*, supra at 345. The Employer argues that many assistant-type positions are included in the nonprofessional unit. Indeed, there are many clerical positions in a BOC unit, including assistants, that are also found in a nonprofessional unit. What differentiates them is their function, supervision, work location and employee interaction. Here, the Employer failed to provide sufficient evidence that the Security Assistant's function, work location, and the like warrant inclusion in the nonprofessional unit.

7. Nursing Staff Coordinators

The Employer argues that Nursing Staff Coordinators Arlene Martinez (128), Sandra Moody (129), Inez L. Ortiz (130), Cheryl L. Puma (131), Melody A. Solomon (132), and Maria Vera-Estrada (133) were incorrectly classified as BOCs. Consistent with the foregoing principles, the Hearing Officer held that they are BOCs because they basically perform a human resources/personnel function recording employees' start and end times, and help with payroll and other duties unrelated to patient care. I agree with the Hearing Officer because the Board generally considers personnel work to be a BOC function. *St. Luke's Episcopal Hospital*, supra at 676.

8. Information Technology Clericals

The Employer argues that the following clerical employees who work with information technology (IT), including data entry, were incorrectly classified as BOCs: Executive Secretary, Information Systems Ellen T. Bauer (138); Nursing/Surgical Services Systems Analysts Araceli Arriaga (166) and Judy F. Carrillo (167); EPM-EMRIS Specialist Systems Analyst Melinda Hagen (168); System Analysts I, II and III Kathryn Treadwell (170), William Ho (171), Peter Yuen (172), Delores S. Elefano (173), Pamela J. Garcia (174), Catalina V. Guzman (175), Anthony Hipol (176), Jose E. Sahagun (177), Edward L. Torres (178), and Paulette White (179); Application Specialist, Materials Management Daniel R. Martinez (180); Software Engineers Alan Duran (183), Rita C. Lomax (184), Theodore J. Lundholm (185), and Chad J. Maldonado (186); Healthcare Intelligence Architect James P. Pulver (187); Clinical Support Liaisons Alexander J. Arellano (188), Jorelle D. Chua (189), Celena Fernandez (190), Melinda M. Hiatt (191), Jennifer A. Lloyd (192), Corinne S. Quesnel (193), and Maria D. Vetter (194);

System Engineers Adam Guerrero (195), Steven Mason (196), Rocky D. Teano (197), Rico A. Caymo (198), and Quoc K. Luu (199); Helpdesk Technicians Jose D. Baldivia (200), Monique Goodman (201), Samuel Hernandez (202), Eliaser L. Martinez (203), Alfredo Portuguese (204), Catherine A. Requena (205), Francisco J. Saldana (206), George C. Choy (207), Andrew Y. Chung (208), Presley M. Hite II (209), Garret Lopez (210), and Jobert Oropesa (211); Network Engineers III William P. Martin (213) and Scott A. Stewart (214); EPM Specialist Traci Cavitt (215) and Senior Security Administrator Jeffrey Barding (216).

Consistent with the foregoing principles the Hearing Officer classified them as BOCs. I agree. The Board generally views nontechnical IT work as BOC work. See, e.g., *Silver Cross Hospital*, 350 NLRB 114 (2007). Thus, data processors and computer operators have traditionally been considered BOC positions. *Rhode Island Hospital*, supra at 361-362; *Trumbull Memorial Hospital*, supra at 796. The Employer argues that many of these employees, including the Executive Secretary, Information Systems (138), the Systems Analyst, EPM-EMRS (168), the Application Specialist, Materials Management (180), should be included in the nonprofessional unit because they regularly interact with unit employees. While their interaction may be regular, the record does not establish that they spend a substantial portion of their workday interacting with unit employees, and many, including Systems Analyst, EPM-EMRS Specialist (168); Healthcare Intelligence Architect (187); and EPM Specialist (215), are not even located in the main hospital building. In this regard, while the record establishes that some of these employees interact with unit employees, many, including Clinical Support Liaison, Information Services (188-194); Systems Engineers (195-199); Desktop Engineers (207-211); EPM Specialist (215); and the Senior Security Administrator (216), interact with employees throughout the Hospital, not just unit employees, and none of them have any patient-care functions or any direct patient-care contact. *Rhode Island Hospital*, supra at 360-361.

9. Medi-Cal Clericals

The Employer argues that clerical employees handling Medi-Cal reimbursement, including the Coordinator, Financial Counselor Denise E. Sanchez (158); and Medi-Cal Liaisons Karen Auldridge (159), Harold O. Cifuentes (160), Aurelia Ferrel (161), Blanca E. Licea (162), and Nicole A. Mejia (163), were misclassified as BOCs. The Hearing Officer held that they were BOCs primarily because insurance reimbursement is a BOC function. The Employer argues that the Coordinator, Financial Counselor, should be reclassified because she had frequent interaction with nonprofessional employees. While the record contains evidence of unit-employee interaction, I agree with the Hearing Officer because this employee does not work in the main hospital, and insurance reimbursement is a typical BOC function. Similarly, although some of the Medi-Cal Liaisons work in the main hospital, their primary function is to deal with Medi-Cal, a traditional BOC function.

THE POMONA HOSPITAL CLERICALS

1. Patient-Care Department Clericals

The Employer argues that certain clericals who work in patient-care departments, including Administrative Assistant NICU Kimberly L. Erving (101); Coordinator, ICU Rosa Delgado (127); Intermediate Billing Representatives Veronica Garcia (141), and Lisa J. Horvath (142); Office Coordinator LDRP Desiree M. Lingenfelter-Chacon (151); Application Specialist Randy R. Walker (181); and Application Specialist, Perioperative Theresa G. Bangunan (182), were misclassified as BOCs. Noting that they might interact occasionally with a patient's family or unit employees, the Hearing Officer held that they were BOCs because of their financial and accounting duties, and because they did not have substantial interactions with LVNs, patient-care associates, or other unit employees. The Employer argues that they work in patient-care areas, including the NICU, ICU, and perioperative area, or the pharmacy, and they interact with physicians, patients, respiratory therapists and other patient-care and pharmacy personnel. When a clerical works in a department directly related to patient care, the Board considers the employee to be a hospital clerical. *St. Elizabeth's Hospital*, supra at 325. The Board also traditionally considers pharmacy department clericals to be hospital clericals. *Medical Arts of Houston*, 221 NLRB 1017, 1018 (1975). Because these employees perform clerical work in patient-care departments or the pharmacy, I overrule the Hearing Officer's recommendation to sustain the challenges to their ballots.

2. Hospital Greeters

The Employer argues that Hospitality Desk and Parking Ambassadors Maria I. Jimenez (152), Hortensia Machorro (153), Tatiana K. Navarro (154), Angelica Perez (155), Rosemary N. Rojo (156), and Virginia M. Wilkerson (157), were misclassified as BOCs. The Hearing Officer held that they were BOCs because their duties are unrelated to patient care and because their interaction with unit employees is limited. I disagree. Their job is to greet patients and hospital guests. While these employees are not directly involved in providing healthcare services to patients, a significant portion of their job involves greeting patients and their guests, a function not unrelated to patient care, and they certainly have patient contact. Unlike BOCs, they are not geographically isolated, and do not handle finances, billing, or similar duties. *Lincoln Park Nursing Home*, 318 NLRB 1160, 1165 (1995). Accordingly, I overrule the challenges to their ballots.

3. Coordinator Volunteers

The Employer argues that Coordinator of Volunteers Lindsey K. Medina (34), who performs clerical and administrative work related to the student volunteers, was misclassified as a BOC. The Hearing Officer held that she was a BOC because the Board generally excludes volunteer department clerks, the coordinator's duties are far from routine and unrelated to patient care, and the coordinator's interactions with unit employees are casual. I disagree. The Board sometimes includes volunteer department clericals in a BOC unit, but sometimes does not. E.g. *Seton Medical Center*, 221 NLRB 120, 122 (1975); *Buffalo General Hospital*, 218 NLRB 1090, 1092 (1975). In working with the volunteers who serve in various capacities throughout the Hospital, the coordinator interacts with LVNs and patients when placing volunteers and

acclimating them to their assigned work areas. In addition, the work of the volunteers, with which the coordinator is involved, is related to patient care, and is not related to any typical BOC function. Accordingly, I overrule the challenge to the ballot of Lindsay Medina.

4. Specialists HIM Data Integrity

The Employer argues that Specialists HIM Data Integrity Cleo M. Bretado (61), Heidy A. Martinez (62), Adrienne B. Wilson (63), whose job is to correct data on patients' health records, were misclassified as BOCs. I agree. The Hearing Officer classified them as BOCs because, among their other duties, they review insurance payments and recommend bill corrections on legal health records. However, medical records employees generally are considered hospital clericals, not BOCs. *Rhode Island Hospital*, 313 NLRB 343, 362-3 (1993). The Specialists HIM Data Integrity ensure the integrity of patient health records, and are not involved either with patient billing or insurance, traditional BOC functions. Accordingly, I overrule the challenges to the ballots of Cleo M. Bretado, Heidy A. Martinez, and Adrienne B. Wilson.

EXCEPTION TO RULING ON BALLOT OF NEAL PARISI

The only remaining exception is to the Hearing Officer's ruling on the challenge to the ballot of Radiology Maintenance Engineer Neal Parisi (2). Parisi's ballot was challenged because his name is not on the eligibility list. Radiology Maintenance Engineer is not one of the classifications included in the agreed-upon unit. For this reason alone the challenge to Parisi's ballot should be sustained. The Hearing Officer held that the challenge to Parisi's ballot should be sustained because the Radiology Maintenance Engineer does not share a sufficient community of interest either with the nonprofessionals or the technical employees in the unit. I also agree with the Hearing Officer's community-of-interest analysis. The Employer argues that Parisi should be included because: the rest of the radiology department employees are included in the nonprofessional unit; it doesn't matter that Parisi's job is not involved in patient care; technicians are generally included in a nonprofessional unit; and because Parisi's job is functionally similar to the job of a dialysis-equipment technician. Parisi has a workshop in the basement, unlike the rest of the radiology department, which is located on the first floor, where he works with a variety of tools. The record also does not establish that he possesses the specialized training or certification that technical employees in the unit have. In addition, while he does interact with some unit employees, he works mostly in his workshop repairing medical equipment. Accordingly, the challenge to Parisi's ballot will be sustained.

CONCLUSION

Based on the above and having carefully reviewed the entire record, the Hearing Officer's report and recommendations, and the exceptions and arguments made by the Employer, I sustain the challenges to the following 136 ballots:

Monica Luna, Neal Parisi, Claudia Parra, Douglas R. Rose, Charisse Marbury, Vinh M. Thai, Patricia S. Escobar, Rosa E. Velazquez Gutierrez, Pamala Loomis, Evelyn M. Lua, Cheryl A. McDonald, Christina B. Mullins, Jessica Padilla, Cristina Robles, Natalie Torres, Sonia Trejo, Fauzia T. Rahman, Alejandra Romero, Vickie L. Reinert, Carla S.

Julkes, Lee D. Prescott, Deyri Aburto, Aileen W. Yeung, Ashley D. Batcheller, Stephanie Myers, Cynthia C. Fortugno, Sharon L. Kaitz, Leonard W. King, Donna E. Munoz, Norma Odell, Laura M. Salas, Maricela Torres, Robin Beardsley, Michelle Daniels, Reynaldo C. De la Cruz, Anna Dizon, Kisha A. Vital, Lourdes M. Wright, Esther C. Yee, Ghasan Abusad, Juanita S. Baldwin, Kathryn L. Bryan, Irene T. Diep, Catherine Y. Dunbar, Billy Encinas, Robin K. Francis-Jackson, Jesus T. Arnold Hilvano, Samone N. Hogg, Cynthia M. Juarez, Phuotontrang Nguyen, Natalia D. Olazo, Lexie X. Phan, Elaine L. Soller, Priscilla B. Torralba, Victoria Lepe, Alice R. Lopez, Deepti Madahar, Paula M. Sather, Titilayo A. Ishola, Joan S. Scott, Saima Ali, Candice Whitney, Corrina L. Herrera, Haidi Carrillo, Erika A. Orellana, Nerica Munoz, Arlene Martinez, Sandra Moody, Inez L. Ortiz, Cheryl L. Puma, Melody A. Solomon, Maria Vera-Estrada, Ellen T. Bauer, Matthew G. Freetage, Laura N. Huevo, Sandra L. Laporte, Nadia Rivas, Dustie J. Flores, Denise E. Sanchez, Karen Aldridge, Harold O. Cifuentes, Aurelia Ferrel, Blanca Licea, Nicole A. Mejia, Andrea E. Martinez, Susan McGrath, Araceli Arriaga, Judy F. Carrillo, Melinda Hagan, Gilbert R. Alamilla, Katheryn Treadwell, William Ho, Peter Yuen, Dolores S. Elefano, Pamela J. Garcia, Catalina V. Guzman, Anthony Hipol, Jose Sahagun, Edward L. Torres, Paulette White, Daniel R. Martinez, Alan Duran, Rita C. Lomax, Theodore J. Lundholm, Chad J. Maldonado, James P. Pulver, Alexander J. Arellano, Jorelle D. Chua, Celena Fernandez, Melinda M. Heitt, Jennifer A. Lloyd, Corinne S. Quesenel, Maria D. Vetter, Adam Guerrero, Steven Mason, Rocky D. Teano, Rico A. Caymo, Quoc K. Luu, Jose E. Baldivia, Monique Goodman, Samuel Hernandez, Eliaser L. Martinez, Alfredo Portuguese, Catherine A. Requena, Francisco J. Saldana, George C. Choy, Andrew Y. Chung, Presley M. Hite II, Garret Lopez, Jobert Oropesa, Augustus Prieto, William M. Martin, Scott A. Stewart, Traci Cavitt, Jeffrey Barding, and William L. Mittelstaedt.

However, I overrule the challenges to the following 82 ballots:

Jeremiah Trujillo, Kathleen M. Ruiz, Randy Cortinas, Daniel Tsuji, Damion Williams, Myong S. Jacobs, Michael H. Nicholson, Lindsey K. Medina, Francisco Acosta, Candice S. Castellanos, Mercedes Martin, Maribel Prado, Martha E. Rangel, Charles S. Valdepena, Lisa S. Richardson, Jenny L. Smith, Julie Barrera, Simone L. Dazalla, Viviana M. Flores, Pamela Lee-Porter, Donna S. Romero, Olivia Trebino, Kimberly Wallace, Suzanne L. Avina, Alma Goldberg, Laura E. Gonzalez, Lavetete I. Taylor, Donna L. Phillips, Cleo M. Bretado, Heidy A. Martinez, Adrienne B. Wilson, Rosaura Rodriguez, Jeanie M. Hopf, Angelica Quinones, Margaret Boyle, Katarina L. Brown, Adrian Belmontez, Elizabeth Delatorre, Kimberly L. Erving, Rita M. Gomez, Sandra Ibarra, Irma Moreno, Vera M. Navarro, Tina L. Sharp, Korina H. Vasquez, Hendrietta Wing, Linda L. Vaughn, Monica Medina, Stephanie Ramirez, Katrina Stock, Jacquelyn K. Martin, Irene C. Cortez, Lisa M. Vigoa, Brenda Taylor, Edith M. Basulto, Kahlen Limjoco, Valerie Romero, David K. Voltz, Peggy L. Mata, Valerie N. Verdugo, Rosa Delgado, James R. Morales, Irma A. Arellano, Alison M. Ficke, Patricia Moran, Betty Jean Munoz, Stephanie Curiel, Veronica Garcia, Lisa J. Horvath, Antonia Cisneros, Iysel Nunez, Jodi Preovich, Desiree M. Lingenfelter-Chacon, Maria I. Jimenez, Hortensia Machorro, Tatiana K. Navarro, Angelica Perez, Rosemary N. Rojo, Virginia M. Wilkerson, Randy R. Walker, Theresa G. Bangunan, and Janice A. Barnes.

Because the challenges I have overruled are sufficient in number to affect the outcome of the election, I order that the 82 ballots cast by the employees named above be opened and counted and that a revised tally of ballots be issued.

REQUEST FOR REVIEW

Pursuant to Section 102.69(c)(2) of the Board's Rules and Regulations, any party may file with the Board in Washington, DC, a request for review of this decision. The request for review must conform to the requirements of Sections 102.67(e) and (i)(1) of the Board's Rules and must be received by the Board in Washington by March 31, 2017. If no request for review is filed, the decision is final and shall have the same effect as if issued by the Board.

A request for review may be E-Filed through the Agency's website but may not be filed by facsimile. To E-File the request for review, go to www.nlr.gov, select E-File Documents, enter the NLRB Case Number, and follow the detailed instructions. If not E-Filed, the Request for Review should be addressed to the Executive Secretary, National Labor Relations Board, 1015 Half Street SE, Washington, DC 20570-0001. A party filing a request for review must serve a copy of the request on the other parties and file a copy with the Regional Director. A certificate of service must be filed with the Board together with the request for review.

Dated: March 17, 2017



William B. Cowen, Regional Director
National Labor Relations Board, Region 21
888 South Figueroa Street, Ninth Floor
Los Angeles, CA 90017